GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

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Engineer [redacted]

Gas Safe [redacted]

Engie Office Address 14A. ENSCHAFE AVE. SHEFFIELD. S10 3EA.

Contract Number UNI OF SHEFFIELD.

Customer Name FROGGATT APP A/C

Site Address 21 ENSCHAFE CRES SHEFFIELD

Postcode S10 3EW

Received By NO ONE Signature

Landlords Details If Different

Name

Address

Postcode

Rented Accommodation YES/NO

Enter Company Registration Number

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	PLANT ROOM	BOCOM 3 BOAR.	LOMONA QUINTA PRO 15	15098112 58950		OF.
2								
3								
4								

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	NA	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	NO	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas Installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas Installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fall to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	

Ventilation			
Low level free area cm² ~~or ventilation flow rate inlet m³/h~~	Actual 2272	Required (Calculated)	686
High level free area cm² ~~or ventilation flow rate extract m³/h~~	Actual 1075	Required (Calculated)	456
All ventilation grills clear and unobstructed (Yes/No)	YES.	Fans and/or flue interlocks operating correctly (Yes/No/NA)	NA.

Details of any faults	Remedial Action Taken	Comments and calculations

Appliance Checks	~~App 1 or~~ App 1 High	~~App 2 or~~ App 1 Low	~~App 3 or~~ App 2 High	~~App 4 or~~ App 2 Low
Flue flow test satisfactory (Yes/No/NA)	NA	NA	NA	NA
Spillage test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Air/Gas switch operating correctly (Yes/No/NA)	NA	NA	NA	NA
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES	YES
Burner lock out time (seconds)	33	33		
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES.		
Heat net input rating data (kW)	114	114		

	~~App 1 or~~ App 1 High	~~App 2 or~~ App 1 Low	~~App 3 or~~ App 2 High	~~App 4 or~~ App 2 Low
~~Gas burner pressure (mbar)~~ or heat input kW/h required	114	114		
Gas burner pressure (mbar) or heat input kW/h measured	19	22		
Gas rating measured (kW/h / NA)	110.3	23.8		
Air/gas ratio control setting (%/NA)	NA	NA		
Net flue gas temperature (gross less ambient) (°C)	55.6	26.6		
Oxygen (O_2 %)	5.2	5.0		
Carbon Monoxide (CO)(ppm)	49	8		

	~~App 1 or~~ App 1 High	~~App 2 or~~ App 1 Low	~~App 3 or~~ App 2 High	~~App 4 or~~ App 2 Low
Carbon Dioxide (CO_2) (%)	9.0	9.1		
Excess Air (%)	32.7	31.4		
CO/CO_2 Ratio	0.005	0.000		
Gross Efficiency (%)	98.4	98.9		
CO flue dilution (ppm)	NA	NA		
Standing pressure (mbar)	22.5	22.5		
Working pressure (mbar)	19	22.		
Is appliance safe for use (Yes/No)	YES	YES		
Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO			
Test Instrument				
Test Instrument serial number				

Worksheet No (If used)	
Checked by (office use)	
Entered on database	

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (installation and use) regulations, standards and procedures.

Date 21/06/2022

Signature [redacted]

Distribution: [redacted] - Site, Green - Engineer